

Soil Testing -2018- Form A-1

Soil Testing Application

Acton Board of Health

Health Dept. Phone: 978-929-6632 <u>www.acton-ma.gov</u> health@acton-ma.gov Form A-1

FEE:		
New Construction		<u>Repair</u>
0-549 GPD	\$495.00	$\overline{0-549}$ GPD \$275.00
550-1,999 GPD	\$835.00	550-1,999 GPD \$455.00
2,000-5,999 GPD	\$1800.00	2,000-5,999 GPD \$690.00
6,000-9,999 GPD	\$2475.00	6,000-9,999 GPD \$950.00
() Testing for a New Lot		() Testing for modification of existing building
() Retest a New Lot		() Testing for repair of an existing system
LOCATION OF PROP	ERTY:	
LOT INFORMATION:	LOT SIZE:	HAS PROPERTY BEEN SURVEYED?:
ZONING DISTRICT:		LOT. NO.:
	PARCEL NO.:	
() New Business() New Industrial() Other (Please ex	Describe plain)	Sq. Ft. Floor Space
() Restaurant	Number of seats	
OWNER'S NAME:		TELEPHONE #:
ADDRESS:		
NAME OF ENGINEER:		TELEPHONE #:
NAME OF SOIL EVALUATOR:		TELEPHONE #:
TRENCH PERMIT #:		
WATER SUPPLY: () TOWN () WAS THIS LOT TESTED PREVIOUSLY? YES ()		WELL ON THE PROPERTY NO ()
IF ANSWER IS YES, PLEASE GIVE DATES, AND BY WHOM?		
APPLICANT'S NAME (MUSADDRESS:	ST BE OWNER OR PROSPECTIVE OW	NEK):
DAYTIME PHONE NUMBE	CR:	() BUSINESS () RESIDENCE
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THE INFORMATION GIVE THE ACCOMPANYING IN		NOWLEDGE AND BELIEF, TRUE AND CORRECT. I HAVE READ
DATE	SIGNATURE OF APPLICA	SIGNATURE OF OWNER
	THIS APPLICATION MUST BE RECEIVED BEFORE APPOINTMENT CAN BE MADE THIS APPLICATION SHALL ALSO BE ACCOMPANIED BY A PLAN OF THE LOT.	
	Do not write below this	s line. For Office Use Only
INSPECTION FOR GROUNDWATER INSPECTION FOR PERCS & ADDITIONAL TESTING		
		
Appt. Date: Appt. Time:	Арри. 1 Арри. 7	